



# UNITED STATES JUDO FEDERATION

## National Office

**Mailing Address:**  
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**Telephone:**  
(541) 889-8753

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(541) 889-5836  
(413) 502-4983

**Internet:**  
[www.usjf.com](http://www.usjf.com)  
[no@usjf.com](mailto:no@usjf.com)

## USJF ASSOCIATE MEMBERSHIP

(use Adobe Acrobat Reader to fill out & print this form)

Parents, Boosters, Friends, & Fans show your support for: Judo, your Dojo/Club, your Yudanshakai, and the USJF by becoming an Associate Member. Your \$15 Associate Membership will:

- Earn a \$5 rebate for your Chartered USJF Dojo/Club
- Increase your Yudanshakai's membership count towards more votes at the USJF National Meetings
- Provide financial support for the USJF and it's many programs

Please complete the section below & forward it to the USJF National Office.

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### ASSOCIATE MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dojo/Club: \_\_\_\_\_ Yudanshakai: \_\_\_\_\_

Have you been a USJF member before? YES NO If "YES", list your USJF ID: \_\_\_\_\_

Years: \_\_\_\_\_ Application Date: \_\_\_\_\_

**Please make your \$15.00 check out to "USJF" & mail to:**

USJF National Office  
P. O. Box 338  
Ontario, OR 97914-0338

**Thank you very much for your support!**